

Applied Resolutions LLC

An Independent Review Organization

Phone Number:
(817) 405-3524

900 N Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Email: appliedresolutions@irosolutions.com

Fax Number:
(817) 385-9609

Notice of Independent Review Decision

Case Number:

Date of Notice: 04/28/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

General Surgery

Description of the service or services in dispute:

Physical Therapy 3 X wk X 4 wks chest and left thigh

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is a male whose date of injury is xx/xx/xx. The patient was sprayed with MEA chemical while at work cleaning a tank. The patient was treated as an inpatient for 20% TBSA 2nd and 3rd degree burns. The patient underwent surgery x 2 for skin grafts to the chest and legs on 12/02/14 and 12/09/14. The patient was discharged home on 12/16/14. The patient has been followed by outpatient physical therapy services since 12/29/14. Physical therapy outpatient evaluation dated 02/02/15 indicates that there is no change in left abdominal and left flank pain. The patient is doing light housework and is driving only in his neighborhood. There are multiple small areas < 1 square centimeter of open wounds partial thickness to lower extremities, abdomen and left flank. Donor sites are healing. On physical examination of the left lower extremity, hip flexion is 109, extension 0, abduction within functional limits, adduction within functional limits; knee range of motion is 0-125 degrees. Left lower extremity strength is 3/5 hip flexion, 4/5 hip extension and knee extension, 4-/5 knee flexion and ankle plantar flexion, and 4+/5 ankle dorsiflexion. Initial request for physical therapy 3 x wk x 4 wks chest and left thigh was non-certified on 03/03/15 noting that the Official Disability Guidelines recommend up to 16 visits of post-surgical physical therapy for burns. The clinical information indicated that the patient underwent excision and split thickness skin graft to chest on 12/02/14 and excision and split thickness skin graft of the left thigh on 12/09/14. The clinical information also indicated that the patient has participated in 12 physical therapy visits to date. However, there is no documentation with evidence of quantified functional improvement with previous physical therapy. The denial was upheld on appeal dated 04/03/15 noting that it was noted that the patient had at least 12 sessions of physical therapy. There is lack of documentation of functional improvement from previous therapy. There is lack of documentation of updated clinical and physical therapy notes. There is lack of documentation of exceptional factors that would warrant the physical therapy. The request exceeds the guideline recommendations.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient underwent surgery x 2 for skin grafts to the chest and legs on 12/02/14 and 12/09/14 and has completed at least 12 postoperative physical therapy visits to date. The Official Disability Guidelines support up to 16 sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is insufficient documentation of significant objective improvement as a result of physical therapy completed to date to establish efficacy of treatment and support additional sessions. The patient's compliance with an active home exercise program is not documented. As such, it is the opinion of the reviewer that the request for physical therapy 3 x wk x 4 wks chest and left thigh is not recommended as medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)